

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM
PREFERRED PLACEMENT**

RECIPIENT'S NAME	DEGREE PROGRAM
ADDRESS	PHONE: CELL HOME
IHS AREA OFFICE	EMAIL ADDRESS

BACKGROUND

GRADUATION DATE: _____
DEGREE OBTAINED: _____
COLLEGE/UNIVERSITY: _____
DESCRIBE YOUR PREFERRED WORK ASSIGNMENT: _____

MY SERVICE COMMITMENT IS FOR A PERIOD OF _____ YEARS.

INDICATE BY PRIORITY THE PREFERRED IHS AREA/PROGRAM LOCATION FOR PLACEMENT:

- | | | |
|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Albuquerque | <input type="checkbox"/> California | <input type="checkbox"/> Oklahoma City |
| <input type="checkbox"/> Anchorage | <input type="checkbox"/> Great Plains | <input type="checkbox"/> Phoenix |
| <input type="checkbox"/> Bemidji | <input type="checkbox"/> Nashville | <input type="checkbox"/> Portland |
| <input type="checkbox"/> Billings | <input type="checkbox"/> Navajo | <input type="checkbox"/> Tucson |

INDICATE YOUR PREFERRED IHS, TRIBAL OR URBAN INDIAN PROGRAM FACILITY TO COMPLETE YOUR SERVICE COMMITMENT:

- (1) _____ (4) _____
(2) _____ (5) _____
(3) _____ (6) _____

I understand that I must submit a position description at my chosen Indian health facility for review and approval by the IHS Scholarship Program before beginning to fulfill my service commitment.

RECIPIENT'S SIGNATURE	DATE
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Return to:
Indian Health Service
Scholarship Program
5600 Fishers Lane
Mail Stop: OHR (11E53A)
Rockville, MD 20857

Reviewed (IHS use only): _____
Analyst, Branch Chief or Designee

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 30 minutes per response including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Indian Health Service, Scholarship Program, 5600 Fishers Lane, Mail Stop: OHR (11E53A), Rockville, MD 20857.
